

UNITED STATES DISTRICT COURT  
for the  
Western District of Pennsylvania

#4

Division \_\_\_\_\_

Case No.

2:25-cv-379

(to be filled in by the Clerk's Office)

RICHARD SHAFER

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

**RECEIVED**

MAR 18 2025

CLERK, U.S. DISTRICT COURT  
FOR THE WESTERN DISTRICT  
OF PENNSYLVANIALESLIE LONERIDGE  
INDIANA COUNTY JAILNICOL GROVAK  
PRIMECARE MEDICAL -

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

**COMPLAINT FOR VIOLATION OF CIVIL RIGHTS**

(Prisoner Complaint)

**NOTICE**

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

**I. The Parties to This Complaint****A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

RICHARD SNAPPERAll other names by which  
you have been known:N/A

ID Number

QQ 5392

Current Institution

SCI LAUREL HIGHLANDS

Address

5706 GLADES PIKE P.O Box 631SOMERSET

City

PA15501

Zip Code

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name

INDIANA COUNTY JAILJob or Title (*if known*)

Shield Number

Employer

Address

665 HOOD SCHOOL R.D.INDIANA

City

PA.15701

Zip Code

 Individual capacity       Official capacity
 

Defendant No. 2

Name

PRIMECORE MEDICALJob or Title (*if known*)

Shield Number

Employer

Address

INDIANA COUNTY JAIL665 HOOD SCHOOL R.D.INDIANA

City

PA15701

Zip Code

 Individual capacity       Official capacity

## Defendant No. 3

Name \_\_\_\_\_  
 Job or Title (*if known*) \_\_\_\_\_  
 Shield Number \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_

<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input type="checkbox"/> Individual capacity	<input type="checkbox"/> Official capacity	

## Defendant No. 4

Name \_\_\_\_\_  
 Job or Title (*if known*) \_\_\_\_\_  
 Shield Number \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_

<i>City</i>	<i>State</i>	<i>Zip Code</i>
<input type="checkbox"/> Individual capacity	<input type="checkbox"/> Official capacity	

**II. Basis for Jurisdiction**

Under 42 U.S.C. § 1983, you may sue state or local officials for the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (*check all that apply*):

- Federal officials (a *Bivens* claim)  
 State or local officials (a § 1983 claim)

## B. Section 1983 allows claims alleging the “deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws].” 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

NEGLIGENCE, CRUEL & UNUSUAL PUNISHMENT, RETALIATION

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- 
- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.
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### III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (*check all that apply*):

- Pretrial detainee  
 Civilly committed detainee  
 Immigration detainee  
 Convicted and sentenced state prisoner  
 Convicted and sentenced federal prisoner  
 Other (*explain*) \_\_\_\_\_
- 

### IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

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B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

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INDIANA COUNTY JAIL 10.5.2023

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C. What date and approximate time did the events giving rise to your claim(s) occur?

10.5.2023 @ 6:00 am

D. What are the facts underlying your claim(s)? (For example: *What happened to you? Who did what? Was anyone else involved? Who else saw what happened?*)

SEE ATTACHED

#### V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

PROLONGED SEVERE OPIATE WITHDRAWAL w/ NO HELP FROM MEDICAL,  
SAT 4 DAYS IN "THE MOLE" DUE TO RETALIATION

#### VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

I WOULD \$100,000 FROM EACH DEFENDANT, \$50,000 EACH  
IN PUNITIVE DAMAGES & \$50,000 EACH FOR PAIN & SUFFERING

STATEMENT OF CLAIM SECTION IV D

ON THE MORNING OF 10.5.2023 MY BLOCK OFFICER RECEIVED A CALL FROM MEDICAL (NURSE CHANTALLE) WITH A LIST OF NAMES OF INMATES TO BE AWOKEN FOR THE MAT CLINIC. MY NAME HAD NEVER APPEARED ON THE LIST BEFORE BUT I WAS WOKEN UP ANYWAY. I WAS THEN TRANSFERRED BY ANOTHER CORRECTIONS OFFICER (CIO MARTIN) TO THE NURSES STATION UPON HER REQUEST.

UPON MY ARRIVAL @ THE NURSES STATION I WAS MET BY NURSE (CHANTALLE) AND NURSE (NICK AKA NICK KROVAK). I WAS TOLD THAT ON THIS DAY AFTER A WEEK OF THE WORST WITHDRAWAL OF MY LIFE, THAT I WOULD BE STARTED ON THE MAT PROGRAM & GIVEN SUBUTEX TO HELP COPE WITH MY MIND BLOWING SICKNESS... GIVEN MY STATE OF MIND I DIDNT TRUST THIS. I ASKED THEM SEVERAL TIMES "WHY NOT" "WAS SHE SURE" TO WHICH I FINALLY RECEIVED A "DO YOU WANT THE MEDS OR NOT" QUESTION. I OF COURSE TOOK THE MEDS.

THE VERY NEXT DAY WHEN IT WAS TIME FOR MEDS I WAS TOLD THAT I WASN'T ON THE LIST, THAT THE prior DAYS DOSE WAS A "MEDICAL OVERDOSE" & I WAS GIVEN ANOTHER SHAFFERS MEDICINE FROM ANOTHER BLOCK IN THE JAIL & I SHOUTED "KEEP MY MOUTH SHUT"

I IMMEDIATELY KNEW I NEEDED A GRIEVANCE & REQUESTED THE NAME OF ALL NURSES & STAFF INVOLVED. THIS IS NO MINOR MISTAKE, THIS IS THE JAIL PASSING OUT NARCOTICS HAPHAZARDLY TO THE WRONG PEOPLE!!! I WAS DENIED ANY INFORMATION & TOO TO FILM OUT A SICK CALL TO LIST THE NAMES.

(CONTINUED)

- ON 10-6-23 I WROTE A SIDE CALL TO OBTAIN NAMES OF STAFF INVOLVED IN WHILE IN JAILING I DIDN'T SPEAK TO ANYONE. HOWEVER NURSE NICK GAVE ME A MISCONDUCT IS FAISLY STATED. I CALLED WITH DEMONSTRATION NAMES IS SAID INAPPROPRIATE THINGS DIRECTED TOWARDS HIM. IT WAS TAILED TO THE TABLE FOR 3 DAYS DUE TO THIS IS LUCKILY UPON MY HEARING THE CAMERA PROVED THAT MR NICK WAS NOT BEING TRUTHFUL IS I WAS RELEASED FROM THE HOLE... THIS WAS THE 3<sup>RD</sup> OR SEVERAL FORMS OF RETRIBUTION. UNFORTUNATELY, I.C.J RULED AGAINST THAT AS WELL AS ANY FAULT WHATSOEVER IN ME BEING GIVEN THE WRONG MEDICINE.
- I.D BRACELETS WITH OUR PICTURES ON THEM ARE WORN FOR IDENTIFICATION PURPOSES - WE PAY FOR THEM IN OUR BOOKING FEES. I. However was NEVER GIVEN ONE. OVER MY ARRIVAL.
- A MAT LIST IS PRODUCED IS APPROXIMATELY SENT OUT EACH MORNING BY PRIMELINE STAFF TO I.C.J STAFF, THE INMATES A. WOKEN UP SEPARATELY FROM THE REST OF POPULATION IS THEY ARE GIVEN THESE MEALS 1 X 1 HANDED IS WATCHED BY 1 GUARD & 2 GUARDS. MUSICAL W/ 2 INMATES DURING THIS PROCESS IS COMPLETELY UNACCEPTABLE.
- I WAS FORCED BACK INTO HUMORAL WHEN IT WAS ALMOST OVER IS FORCED TO DO IT IN THE "HOLE" DUE TO MR NICK'S FALSE ACCUSATIONS, ALL OF WHICH I ADDRESSED IN MY LETTERS IS SUBSEQUENT APPEALS.

## EXHAUSTION OF GRIEVANCE REMEDIES VII

- INITIAL GRIEVANCE
- TIME DELAY
- REQUEST OF RESPONSE
- RESPONSE
- REQUEST OF APPEAL
- APPEAL
- TIME DELAY
- REQUEST OF RESPONSE
- RESPONSE
- REQUEST OF FINAL RESPONSE
- TIME DELAY
- FINAL RESPONSE

STATEMENT OF CLAIM<sup>V</sup> Section IV D (RETALIATION)

**VII. Exhaustion of Administrative Remedies Administrative Procedures**

The Prison Litigation Reform Act (“PLRA”), 42 U.S.C. § 1997e(a), requires that “[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted.”

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes

No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

INDIANA COUNTY JAIL

INDIANA, PA. 15701

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

Yes

No

Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

Yes

No

Do not know

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

Yes

No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes

No

- E. If you did file a grievance:

1. Where did you file the grievance?

INDIANA COUNTY JAIL

2. What did you claim in your grievance?

I WAS PLACED ON THE MAT CALL OUT BY PRIMECARE & "ICJ" STAFF, WHICH  
UP @ 6:00 AM & TAKEN TO MEDICAL & GIVEN THE WRONG PERSON'S MEDICAL  
AFTER SEVERAL STEPS OF IDENTIFICATION & FORCED BACK INTO A WITHDRAWAL  
I WAS ALMOST DONE WITH, THEN, I WAS PLACED IN THE HOLE AS RETALIATION  
WHEN I TRIED TO FILE A GRIEVANCE

3. What was the result, if any?

GRIEVANCE DENIED

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

APPEALED TO INSTITUTION, 2<sup>ND</sup> APPEAL TO  
WARDEN

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

N/A

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

N/A

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

*During this process, Indian County Jail kept extending their response time, I was forced several times to write & request my responses. [REDACTED]*

*(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)*

### VIII. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this “three strikes rule”?

Yes

No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes

No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)  
\_\_\_\_\_

3. Docket or index number  
\_\_\_\_\_

4. Name of Judge assigned to your case  
\_\_\_\_\_

5. Approximate date of filing lawsuit  
\_\_\_\_\_

6. Is the case still pending?

Yes

No

If no, give the approximate date of disposition.  
\_\_\_\_\_

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)  
\_\_\_\_\_

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?  
\_\_\_\_\_

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Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

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 Yes No

- D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (*If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.*)

1. Parties to the previous lawsuit

Plaintiff(s) \_\_\_\_\_

Defendant(s) \_\_\_\_\_

2. Court (*if federal court, name the district; if state court, name the county and State*)  
\_\_\_\_\_

3. Docket or index number  
\_\_\_\_\_

4. Name of Judge assigned to your case  
\_\_\_\_\_

5. Approximate date of filing lawsuit  
\_\_\_\_\_

6. Is the case still pending?

 Yes No

If no, give the approximate date of disposition  
\_\_\_\_\_

7. What was the result of the case? (*For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?*)  
\_\_\_\_\_

## IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 3-4-2025

Signature of Plaintiff



Printed Name of Plaintiff

RICHARD SHAFFER

Prison Identification #

QQ 5392

Prison Address

5706 GLADES RIVE P.O. Box 631

<u>SOMERSET</u>	<u>P.A.</u>	<u>15501</u>
<i>City</i>	<i>State</i>	<i>Zip Code</i>

### B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

<i>City</i>	<i>State</i>	<i>Zip Code</i>
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Telephone Number

E-mail Address